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THE CHIRONIAN.

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IN this number of THE CHIRONIAN, appears an article from the pen of an old and honored former Professor of this College, whose name alone is sufficient to call up heartfelt feelings of pride and pleasure, to every Alumnus and friend of homœopathy. We thank Dr. S. Lilienthal for this honor to THE CHIRONIAN, and the proof that is thus given of the warm place our old college still holds in his memory.

THANKSGIVING vacation is again a thing of the past, and as we return to our routine college work with renewed zeal, it is with many pleasant memories of hours spent among friends, relatives or in the enjoyment of a rest from college duties. A few more days and we again will separate for the Christmas vacation, and then will come hard and unremitting toil for all until the close of the college year. As we look forward to this coming vacation with pleasurable anticipations, may we also bear in mind that it is the last extended season of rest we are to have this year, and it behooves all to make such use of it, if necessary, that we will not be found lacking, or behind on subjects we should have "been up" on, at the final day of examination.

EVERY student is aware that we have been given fair warning, that if cushion throwing is not dispensed with the cushions will be, and yet they continue as festive as of old.

We do not expect perfection in man, yet it is certainly creditable to reach as near to it as possible. And so it is with our college customs; while we have not many that we need be ashamed of, yet it is possible to have fewer, and of these the cushion throwing is the foremost and should be stopped, not only because the Dean has so requested, but from the dictates of common sense.

There is no denying that these cushions make the hard seats more comfortable while we sit hour after hour taking lectures; and yet a few students seem possessed with the idea that they are of no earthly use, excepting as implements of war, or for driving a neighboring student's head into his shoulders, between lectures or in an hour when a lecturer is absent. These cushion fiends also act as if they supposed the lecture room was especially designed as the arena wherein they might acquire skill in the use of projectiles, and the globes on the gas fixtures were kindly provided so that the monotony of breaking only heads could be relieved by the smashing of glass and its impartial distribution over seats and floor. This may all be very funny, yet there are not a few students whose appreciation of the ludicrous is sadly lacking in an entire failure to see where the joke comes in.

"A word to the wise is sufficient," for if this foolish custom is still persisted in, the cushions

be performed operations which were formerly considered too dangerous and radical. And yet these methods are now considered best and safest. Varicocele was formerly treated by subcutaneous ligature. Stephen Smith does not mention this method in the last edition of his work but recommends opening the scrotum, antiseptically, ligating the veins, cutting out the redundant mass and closure with drainage. Frederick Treves also recommends this method in his new work, article by James Cantlie, and their recommendations are made because the recovery without septic thrombosis is more probable.

I mention this minor operation because it is minor and shows how even the ordinary surgical procedures which come to every man's hand are modified and made more satisfactory by the adoption of this method. Every journal brings us illustrations of the increased freedom with which the larger serous cavities of the body may be opened and operated upon with increasing safety.

Laparotomies, cystotomies, wiring fractured patella, opening cavities of large joints, osteotomies, exsections are robbed of their dangerous aspect and made possible and safe.

But it is not to this class of cases that I want to direct attention, but to such minor cases as come to us daily, and of which I will give you several examples from practice.

Case I.—Mr. C. R. L., æt 35, American, came to my office June 15, 1886, for consultation in regard to an enlarged testicle. No very definite history of injury could be discovered, yet after careful diagnosis by exclusion the question of malignancy was ruled out. The feel of the testicle involved—the left one—was tubercular in character, but the entire absence of any such family history precluded the diagnosis of anything but chronic orchitis. The testicle measured eight inches in circumference, had gradually attained that size during eighteen months' growth, and was gaining slightly in size every month. The patient was anxious to be rid of the burden of carrying so large a tumor about with him, and so an operation was decided upon, and only delayed until an existing eczema scroti was cured. June 29th, assisted by Drs. Pyle, Hoffman and Opdyke, his left testicle was removed. Careful antiseptic precautions were observed, as follows: The hands of all assistants were scrubbed with brush and soap and washed in bichloride of mercury solution 1–500. The patient was laid upon a table with a bichlorized rubber dam pinned about his waist. His scrotum was then shaved, and all surface to be exposed during the operation scrubbed with soap and brush and washed in 1–1,000 solution. Gutta percha tissue was then bichlorized and fastened all about the scrotum, so as to leave exposed only the parts to be operated upon. This was fastened in place by a solution of gutta percha tissue in chloroform. Irrigation was then commenced and continued throughout the operation, of bicloride solution 1 to 2,000.

The instruments were soaked in carbolic solution 1–30, and sponges were soaked in carbolic solution 1–40, having been previously bleached by first soaking them in a solution of eight ounces of saturated solution of permanganate of potash to one gallon of water, for twenty minutes, and then, after squeezing them dry, placing them in a solution of three ounces of hydrochloric acid, and one ounce of hyposulphite of soda in a gallon of water until the sponges turn white.

An incision about three inches long was made along the front of the tumor dividing the envelopes of the testicle from the lowest part of the scrotum, and the envelopes of cord and cremaster muscle to half an inch of the external ring. The enlarged testicle was partly torn and partly cut from the scrotum and the cord cut, the proximal end being firmly held by double tenaculum and allowed to bleed, and the vessels secured by catgut ligatures just taken out of alcohol. All of the small vessels having been twisted, and oozing being entirely controlled by cold water (carbolized) the wound was irrigated finally with bichloride of mercury solution 1–1,000 and the wound closed with continuous catgut suture. In the lowest part of wound was placed an animal or decalcified bone drainage tube.

Over the sutures iodoform was copiously

sprinkled and about the end of the drainage tube. Lister's protection was placed over entire wound, and a rumpled wad of bichloride gauze over this, the whole covered with bichloride absorbent cotton, and bandaged with spice bandage of bichloride gauze. During the operation the utmost care was paid to cleanliness of hands and instruments, both of which were cleansed after the least suspicious contact.

The operation has been described so particularly not because of any supposed magnitude or rarity, but because it illustrates the method carried out to minute details, and because of the result obtained, but especially because it shows that every step in the procedure is simple and easily comprehended by every practitioner, and capable of being carried out with very little expense. All that is necessary is that the operator becomes impressed with the necessity of absolute cleanliness — first, last and all the time. The patient was entirely comfortable, the temperature being 99½ three hours after operation, and then falling to normal and remaining so. It was with difficulty that he was kept in bed until the seventh day. Upon this day, July 4th, the dressing was changed for the first and only time. The gauze was partially saturated with serum which was perfectly sweet. The catgut sutures were loose on top of the wound and came off with the protective. The drainage tube was entirely absorbed, and nothing remained to show where the wound had been save a slight red line in the site of the incision and a small granulating spot about as large as a pea where the drainage tube had been. Iodoform was dusted plentifully over the spot, bandage applied again for five days, and the patient given his liberty.

The things gained were entire absence of fever, absence of suppuration or discharge, and absence of necessity to dress wound, he only being seen two or three times during the healing process.

Case II.—Willie H——, æt 14, German. On July 4, 1886, he discharged a pistol loaded with a nail through the ball of the thumb, coming out behind the web between the thumb and first finger. I saw him within an hour of the time of the occurrence, washed the wound out with bichloride solution 1–1,000, packed the wound with iodoform, dressed it every second day for four times in the same manner, and discharged him cured. I have seen very bad results follow a wound of the same character treated without antiseptic precautions.

Case III.—Mr. C——, æt, 40, master mechanic, had a lipoma of the scalp situated to the left of occipital eminence about as large as a goose egg. Patient was etherized, the scalp shaved, washed in bichloride solution and towels bichlorized were wrapped about head, hiding the hair. An eliplical incision was made, enucleating the tumor, hemorrhage stopped, edges brought together with deep bullet sutures, superficial edges closely approximated, dressed antiseptically and put up in permanent dressing. This was taken down on the eighth day and an absolutely dry, linear cicatrix disclosed.

Case IV.—Mr. M—— was standing in front of a planing machine when a sixteen foot board was hurled forward, and striking his right breast in an oblique direction was projected forward over the heads of several workmen and fell 125 feet away. Was called to see him in consultation with Dr. Hoffman at his home, and on getting off his clothes there was found a long burn across the front of thorax terminating in a lacerated wound between three and four inches long, extending into the body of the pectoralis major and down to the ribs, and the external intercostal muscles. This cavity was large enough to contain a large goose egg. The surface of wound was washed in carbolic solutions 1 to 40, and then the cavity and edges of wound were irrigated with bichloride solution 1 to 1,000, a drainage tube was then laid along the bottom of the cavity and projected a half inch at the lower extremity. Sutures of carbolized catgut were entered deep, and the wound carefully closed, the edges aproximated nicely, iodoform dredged over the sutures, iodoform gauze applied over this, and over all a generous pad of combined dressing of bichlorized gauze and boracic cotton.

This dressing was not disturbed for two days, when, the outer covering showing the presence

of serum, the wound was uncovered, the cavity irrigated and the dressing reapplied.

On the fifth day the sutures came out with the dressing, primary union had taken place along the whole of the wound, not a drop of pus has shown any where, and only a few drops of inodorous serum shows on the dressing. The drainage tube is withdrawn mostly and the process will probably be completed in a few days.

Now a few words for the individual merits of the antiseptic preparations and their special sphere of action.

Mercuric bichloride is the strongest antiseptic substance in use except the biniodide, and may be used upon the whole skin for cleansing and disinfecting in the strength of 1–500. It is non-irritant to small wounds in 1–1,000 solution, but for irrigation should not be used stronger than 1 to 2,000 or 5,000 if a serous cavity is opened or any of solution is apt to stay in the cavity. It is unsafe as vaginal injection, and its use there is hardly justifiable in the face of accidents occurring from its employment in that manner. It may conveniently be and should be always carried by physicians who may need at any time to have perfectly disinfected hands. Powders of 7.3 grains yield 1–1,000 in pint of water, and this may be varied from 1–5,000 to 1–500 by varying the amount of water used.

Wyeth, Grosvenor & Richards make a colored tablet of the above strength, which may be carried instead of the powders. In case of post-mortem examination, or delivering a fetid placenta after miscarriage the use of this enables the physician to go among his patients of all conditions with impunity. Biniodide of mercury is a preparation we always have in our case, and a 10 grain powder of this drug in the 2× trit. added to an ounce of water will make a 1 to 5,000 solution, which is said to equal bichloride solution 1 to 1,000 with very much less danger of poisoning.

It is scarcely necessary to say a word for iodoform; it has had its own say, and convinced the world of its usefulness. Its insolubility in water or serum makes it especially valuable as a dressing for wounds as it disinfects all discharges, and remains solid over the wound. It is especially useful in operative wounds about the mouth, palate and pharynx. Combined with collodion (flexible) in the proportion of 2 or 4 drams to the ounce, it is of the utmost service in slight incised wounds, but especially in bed sores. If applied early it will limit their progress and facilitate the cure. In small perfectly closed wounds after all bleeding has absolutely stopped it may be painted over the surface and for an inch each side with great advantage.

The odor of iodoform is in some cases a real obstacle to its use. In these cases, we fortunately have a solution in iodol, which I find does about the same office as iodoform. This is a chocolate colored powder and has scarcely any perceptible odor, and may be used wherever we now rely upon iodoform.

If the cavity to be treated is larger, it is safest to use iodoform gauze which you may make by rubbing iodoform powder into cheese cloth. It will hold about 20 per cent., but may be shaken down to 10 per cent. It is not wise to put more than a drachm and one-half or two drachms upon a raw surface. This may stay in a cavity for six or eight days with saliva, urine, feces or pus running over it, without destroying its usefulness if well packed in. The drug has been used by making a solution in ether and injecting into abscess after aspiration.

Naphthaline is a valuable antiseptic, white, crystaline body, hard to make into a powder and its usefulness impaired by its insolubility in water. It is irritating to some skins, but may be used generally by dusting over the surface.

Hydronaphthol is a gray substance with an oily feel like plumbago, soluble in 1,100 parts of warm water. This fluid may be used as the bichloride solution, but is only about one-quarter as strong. This may be dusted over sores and ulcers and is stimulating and antiseptic.

A suppository consisting of 100 grains of cocoa butter and 7½ grains of hydronaphthol is an excellent disinfectant after labor or miscarriage and supplies perfect disinfection without any odor and without the danger of salpingitis or

peritonitis from indiscreet use of injections. This may be repeated night and morning for seven to ten days.

For four years I have used a vaginal suppository for disinfecting purposes, formed as follows:

℞

Iodoform Pulv. gr. xxv.
Acid Carbol ɱ xx.
Ol. Theobromæ ʒ ii

To make into ten vaginal suppositories.

These have always worked perfectly, save the combined odor of these two disagreeable drugs. Carbolic acid has been taking a back seat in the light of so many contestants for first honors—but is still of great use to the surgeon—greater than to his patient directly for it is now reserved largely for cleansing instruments in strengths varying from 1 to 20 to 1 to 40 for perparing sponges—catgut, gauze, etc., and for washing the body and hands.

To destroy bactera it needs to be so strong as to act as a cautury to tissue although it prevents development of bacteria in strength of 1 to 500.

Chlorine and bromine are excellent disinfectants but not well adapted for surgical use.

Salicylic acid although not readily soluble in water yet when com bined with borax in prepara tion of 2 per cent. is very efficient as a germicide and may be used in a one per cent. solution as an irrigating solution. Its special point of favor lies in its being odorless and nonirritating. Peroxide of hydrogen is one of the most valuable additions to the list revived within the last two years. This is water with a double portion of oxygen and by this quality oxidizes the lower forms of life. It is very efficacious in a 6 to 15 volume solution. I usually employ a 12 volume solution for washing out suppurating cavities. It has a marked action on pus, decomposing it with formations of little bubbles of gas. It turns the normal or healthy tissue a whitish or bluish cast. In fetid discharges from the ear it robs them immediately of all odor and cleans the cavity out perfectly. I have also used it frequently in a weaker solution for a gonorrhœal injection with good results. Old ulcers are wonderfully awakened by it.

For pure antiseptic purposes, permanganate of potash is not highly useful but for cleansing and stimulating ulcers, a solution of 2 to 10 grains to an ounce of water has served me well. We have all used it in ulcerated sore throats. It is not of much use in diphtheria.

Sugar has been demonstrated to be of much antiseptic value and may serve us well sometimes when a more preferable substance can not be obtained. It is sprinkled in some profusion over gauze applied over wounded surfaces.

Sub-nitrate of bismuth has recently been demonstrated to be strongly antiseptic and may be dusted over abraded surfaces freely. It is nonirritant and will not affect most delicate granulations. This is destined to supersede iodoform in many uses, because of its absence of odor and its protective action to mucus membrane. Although I have detailed at some length one method of applying the antiseptic principle I do not want to be understood as insisting upon all of the minutæ. I only want to avow my strong belief in the wisdom of keeping wounds perfectly clean. Nor do I advocate using strong chemical agents upon raw surfaces, for to impair the integrity or activity of the tissues is to hinder the process of repair. Indeed, the greatest sphere of usefulness of this method lies in destroying bacteria upon all agents used in or near the wound. Later advocates of asceptic surgery now irrigate with boiled water and never allow chemical agents to enter an incised wound, but a lacerated wound containing foreign matter requires judicious cleaning. Protect nature from invasion, but do not commit more harmful invasion in the effort to destroy influences already at work.

We ought never to approach an absorbent surface, either mucus or denuded, without feeling sure that we are not carrying infecting material.

I am well aware that Tait has performed 139 consecutive ovariations without the loss of a case, and yet he employs only warm water for washing out the cavity. Yet he covers the wounds antiseptically, and prevents the advent of micro-organisms, and in every other particular insists upon absolute cleanliness.

Erichson secured primary union in fifty-eight out of sixty-three major operations under antiseptic care, and Dr. R. T. Morris reports 100 cases of operative procedure occurring ceriatim with no deaths from the operative measure. In sixty-six cases was primary union sought for, and obtained in sixty-five, with no case of septicæmia.

In the light of these facts, and with the accumulating evidence in favor of great care in handling raw surfaces, let us approach the confinement bed with hands cleaned in bichloride and using 1–40 carbolized vaseline, and we will find the statistics of septic troubles in the puerperal period growing beautifully less.

Not only is it our privilege to use these means, but our solemn duty to be provided with these advantages on all possible occasions, and to use them carefully and constantly, for we have not done our whole duty to our patients until we have removed from them every possible source of danger, and surrounded them with all the safeguards at our command.

Hysterical Convulsions, Chorea and Constant Headache Cured through the use of Correcting Glasses.

F. H. BOYNTON, M.D., '74.

THE case of A. K——, æt 15, who came under my observation November 22, 1885, illustrates in a striking manner the pernicious influence of "eye strain" in producing periodical headaches and other functional disturbances of the nervous system. She had suffered as long as she could remember from almost constant dull frontal headache, which after use of the eyes at near work would take on the form of violent one-sided neuralgia, or an attack of sick headache. These violent attacks would recur almost daily if she read, sewed or did any work that required the steady use of eyes. If she persisted in using her eyes at near work hysterical convulsions would supervene, lasting from six to ten hours. Repeated seizures of this kind caused her dismissal from several stores where she was employed as saleswoman. She has also suffered from chorea during the past year.

An examination of her eyes revealed the following:

Rv. $= \frac{20}{200} + 4.\ D_c\ 110° - 0.50_c\ \ 20° = \frac{20}{20}$.

Lv. $= \frac{20}{100} + 2.25_c\ 90° = \frac{20}{20}$.

℞ as above for constant use.

The use of the glasses was followed by complete and lasting relief. She soon afterward obtained a situation as a saleswoman, and has not lost a day from work on account of her old infirmity. She has not had a recurrence of the hysterical spasms, nor has she suffered a headache while wearing the glasses.

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The Proper Use of Palliatives in Homœopathic Practice.

MIGHT an old and now retired teacher whose greatest pleasure was to lecture to students' of the New York Homœopathic College, request the privilege of a few words? I do not deny the possibility that our younger colleagues may off and on have a case, where immediate action is necessary, but where the pigeon-hole in their brain, fails to open, so that the simillimum is forthcoming.

Tired and worn out I once came home from a hard day's work, and about midnight I was roused up to visit a case of gall-stone colic.

My brain failed to respond and olive oil was ordered, given, ejected and rejected.

The sleepy doctor gave a hypodermic of morphine, and patient and doctor slept for a few hours.

In the morning I cried "peccavi" and my patient cried for pain.

But my senses were now awake and every symptom pointed to calcaria ostrearum, which soon gave permanent relief, while the morphine had only deadened sensibility, but failed to remove in its entirety the spasmodic condition.

Dr. Hamlin remarks: "Some will say if a patient is sure to die and in great pain and suffering, give him morphine to ease his anguish, few will dissent from this statement."

I take the liberty to dissent, for I heard dying patients beg not to give them morphine, as they intend to leave the world with their mind unclouded and sober.

In fact antimonium tartaricum, pulsatilla and especially with tarantula cubana we are generally perfectly able to smooth the last moments of the expiring mortal.

In relation to morphine in convulsions from morbus brightii we find in the second number of THE CHIRONIAN, a case where the well selected remedy as well as the morphine only palliated, and where under chloroform the necessary forceps relieved the patient.

It may be perhaps news to some beginners that morphine is perfectly homœopathic not only to albuminuria, but also even where casts are found in the urine (*vide* Allen VI. 387), and a case is imprinted in my memory, where a woman in post partum convulsions was snatched from the grave by the rapid alternation of morphine and chininum. I acknowledge this alternation in former years of practice, but the more we study our Materia Medica, the less frequently will be the necessity of doing so.

Prevention is better than a cure, and albuminuria ought to be cured long before gestation has run its usual course.

But because morphine may be abused, that is no reason why it should not be used when strictly indicated, and we are sorry that some strict followers of Hahnemann raise their voices against such valuable drugs as calomel, quinine and morphine. Digitalis, my dear doctor, is a two-edged sword, and merely as a palliative we do not know on which side the danger may lie, and one might fail when prescribing digitalis merely for the purpose of slowing and strengthening the heart's action, and we doubt whether the large palliative doses of the old school to sustain the waning power of an overworked heart ever do much good.

Even in infinitesimal doses digitalis regulates the contractions of the heart and increases the intravascular pressure; irregular action of the heart is to me far more an indication of its use than the mere quantity or quality of the pulse.

Ergot and ergotinum may sometimes be indicated where others think of digitalis; and it would be the subject of a valuable thesis to compare these two valuable drugs in their physiological and therapeutical action, and many a dark point thus elucidated.

The use of palliatives is *always* a signum paupertatis, when prescribed by a homœopathic physician.

Do not misunderstand me and take me for a saint. I acknowledge that I have been guilty of such transgressions, and our common sense ought to teach us better, though we may quiet our conscience by considering that the case before us justified the use of a palliative.

What does "once in a while" mean? Will it not beget the habit, and habits are very hard to eradicate. S. L.

Clinic at the Laura Franklin Hospital.

PROF. WILCOX.

ON November 10th the Senior class was invited by Professor Wilcox to go to the Laura Franklin Hospital to see a number of orthopædic cases, and witness the application of plaster jackets and various splints and braces.

The first cases presented to the class were of Pott's disease, five patients being shown.

Professor Wilcox gave a brief account of the disease, about as follows:

There are two varieties of curvature of the spine, rotary lateral, and angular, the latter occurring in Pott's disease or spondylitis. There is a destruction of the bodies of one or more vertebræ, without the articular or spinous processes being affected. Consequently there results a caving-in of the column in front, and thus forms a projection, angular in outline, behind. There is usually an abscess formed at the seat of the disease which may open on the back, or work down along the sheath of the psoas muscle onto the thigh. When the disease is high up, there may be pressure on the œsophagus producing dysphagia, and pressure on

the trachea causing cough and dyspnœa. Lower down there may be pain referred to the stomach or abdomen, girdle pain, and later on even paralysis of the lower limbs and bladder. These peculiar reflex pains, and the cough may be the earliest symptoms. The child may also sleep poorly, and cry out frequently in the night. This is due to the fact that during the waking hours the muscles about the diseased portion are kept in a state of spastic contraction in order to keep the diseased surfaces from rubbing together. This is a state of natural fixation, and is entirely involuntary. By no power of his own can he relax these muscles, and they only relax under the influence of an anæsthetic or during profound sleep. Under the anæsthetic, of course, the muscles remain relaxed, but when this relaxation takes place during natural sleep, the diseased surfaces come together causing great pain, which causes the child to start and cry out; and immediately a re-contraction of the muscles takes place until the sleep again becomes profound when the same thing recurs. This may take place without the child awaking completely, but of course its constant repetition disturbs the sleep and tends to exhaust the strength of the patient. This peculiar cry is known as the "ostetic cry."

At first there may be merely stiffness when walking; the child stands unusually erect, and will not stoop down naturally, but keeping the body as erect as possible, places his hands on his hips and bends the knees. Next the projection appears on the back, followed by the formation of an abscess. So long as the diseased bodies of the vertebræ are kept apart there is not much pain.

Where the disease is in the lumbar region, at the origin of the psoas muscle, it will produce a spastic contraction of that muscle, thus simulating hip-joint disease. The diagnosis however is easy, as in the latter condition the motion of the joint is limited in *all* directions, while in Pott's disease it is only limited in extension and internal rotation.

The treatment in these cases is to fix the spine so as to keep the diseased surfaces of the bones from rubbing together. This is done in various ways. In the cervical region the apparatus used is a splint fitting under the chin and occiput, on which the head rests; this is either suspended from Sayre's "jury-mast," which is attached to a plaster jacket, or raised by a chin piece attached to a Taylor's brace; or, as is preferred by Professor Wilcox, by inflated rubber cushions placed on the shoulders, the last being the method employed on the patient shown to the class. Lower down in the dorsal or lumbar regions, a plaster-of Paris jacket or Taylor's brace, or some other form of brace may be used. The object, whether the treatment is by the jacket or brace, is the same; namely, to extend the spinal column as much as possible, and to maintain it in this position.

Two cases were shown wearing Taylor's brace. This consists of two padded steel bars running along each side of the spine, and so curved as to make pressure on the deformity. These bars are connected by cross pieces, and fastened on by straps attached to an apron in front.

Two plaster-of-Paris jackets were then put on. This appliance is especially useful when the disease attacks the dorsal region. It is put on over a knitted woolen shirt, which is long enough to turn up and cover the plaster. In putting on the plaster jacket, the patient should be suspended so as to straighten out the spine, and get the diseased surfaces apart. Then pads of wool (not cotton), are placed *outside* the shirt, around the projection of the spine and over the crests of the ilia; a "dinner pad" consisting of a towel, which is afterwards withdrawn, is placed over the abdomen and beneath the shirt. The plaster is then applied. About three layers of plaster-of-Paris bandages are put on, additional plaster being smeared on between the layers, and the outer layer placed spirally so as to bind the whole together. The jacket should be put on pretty tight, as it expands somewhat on drying. The child should be kept suspended until the plaster is pretty well set. In one of the cases on which Professor Wilcox put a jacket, there was an abscess opening on the back. In such cases it is necessary to have some opening to discharge the pus, so a circular piece of card-

board about an inch and a half in diameter, and with a pin stuck through the centre, is placed under the shirt, over the location of the abscess, so that the pin sticking out serves as a guide to the card-board. Then when the jacket is partly set the plaster is cut through with the pin as a guide, and the card-board is a protection against wounding the back, and a circular hole made, through which the card-board is removed and the abscess afterwards evacuated. In order to prevent the jacket from getting foul from the discharges, a circle of rubber tissue, say three inches in diameter, is fastened to the skin under the card-board, the edges being stuck to the skin with a gum made of a solution of rubber in chloroform. Then, when the hole is made in the jacket, the rubber is cut in radiating lines from the centre, turned up over the edge of the plaster and glued. An additional strip of rubber is then fastened on to cover the points.

The plaster of Paris jacket has some advantages and some disadvantages. The advantages are : first, its comparative cheapness; second, its absolute rigidity, and especially is this advantageous when the disease is in the dorsal region, as it prevents the excursion of the ribs in breathing, thus tending to further immobilize the diseased vertebræ. Of course, in such a case the breathing is largely abdominal.

The especial disadvantage lies in its liability to become foul, especially if there is a discharging abcess present.

The surgeons of this hospital are not wedded to any form of brace or jacket, but use whichever they think most applicable to a given case.

Five cases of hip-joint disease were next brought before the class. The history of a case of hip-disease is briefly as follows : It may arise from a traumatism, or its origin may be a scrofulous or tubercular taint. At first there is slight stiffness in the morning, wearing off during the day. The pain at this time is not severe, and is referred to the knee. Soon the nocturnal cry, characteristic of joint diseases, will be heard. The parts around the hip will become swollen, the leg and thigh atrophies. Motion of the joint is limited in all directions by spastic contractions ; this is the *first* stage.

Gradually the capsule of the joint becomes filled and distended with pus ; the pain becomes intense ; motion is more and more limited ; the limb appears elongated and the foot is everted ; this is the *second* stage.

The capsule of the joint ruptures ; abscesses form discharging upon the buttocks, on the front of the thigh, and sometimes far down the limb ; the limb is apparently shortened, and the foot is inverted with the sole resting against the instep of the other foot ; the pain is not so intense as in the second stage ; there is necrosis of the head of the femur, and often of the acetabulum : this is the *third* stage.

Case VI. First stage. The disease has progressed very little. The patient has been wearing Taylor's extension splint, with extension by a weight at night. There are very few symptoms ; merely a slight contraction of the muscles around the joint, and scarcely any tenderness of the joint surfaces.

Case VII. Third stage. There has been a large abscess, which has been treated by injection of iodoform and ether with very good results, the abscess having entirely disappeared. There is limited motion in all directions, and it appears now more like a case in the first stage. The patient wears a Hutchinson's high shoe on the well foot, and uses crutches. Extension is applied at night.

Cases VIII and IX. Third stage. Excision has been performed in both these cases. In one of these two cases, in which the operation was performed a year ago, five inches of the shaft of the former was removed. This has almost completely regenerated, there is very little shortening and motion is perfect in all directions. The other case also shows good results.

Case X. Third stage. Has just entered the hospital. The patient has been sick two years. The knee is drawn up and the foot inverted. Very little motion of the joint is possible. The limb is greatly atrophied and there are several discharging sinuses. Without treatment this would certainly result in anchylosis. Excision

will probably have to be done, but an attempt will first be made to cure by extension. This must be made in line of the deformity or the axis of the thigh, and gradually approaching to the line of the trunk.

After the above cases had been examined the class went into the wards, where the following cases were shown.

Case XI. Both bones of the left leg are broken. This is being treated with a plaster-of-Paris splint. The splint is split up the front, and held in place by rubber bands, to prevent stoppage of circulation.

Case XII. The case on which suprapubic lithotomy was performed on October 26th. Healing is progressing very well indeed.

Case XIII. Slight knee-joint disease. This case is doing well with simple extension. Some time ago the ice bag was applied. While this treatment was being used the joint became steadily worse, but since its discontinuance good progress has been made. The motion of the joint is still somewhat limited.

Correspondence.

To the Editor of THE CHIRONIAN.

DEAR SIR:—Your timely editorial in the last number of THE CHIRONIAN attracted my attention, and calls for the indorsement of both graduates and undergraduates in our seculiar school of medicine.

It is particularly necessary here in the South that a man practicing homœopathy should be able to clearly and concisely state the cardinal principles of his belief in a sufficiently simple manner that any one may understand him. Patients want to know what Homœopathy is, want to know the "whys and wherefores" and do n't want it stated in technical terms either, but in plain and simple Anglo-Saxon so they can understand easily.

To explain this to them one must have a clear and distinct idea of the great truth of our law.

That this should be taught is needless to say, and if men come to college without knowing it then they should be thoroughly instructed in it there.

Allow me to suggest, Mr. Editor, that the Hahnemannian Society take this matter in hand and have one or two lectures delivered each year before the Society on the Principles and Practice of Homœopathy. Invite some member or members of the College Faculty, or some medical man to lecture on this subject. It can hardly be overdone.

Let me express also my pride and gratification as an ex-Editor, in the manner in which THE CHIRONIAN is being conducted by the present board. It is a credit to the institution it represents. I trust at the end of the year the balance sheet of your business manager will prove that the Alumni take an interest in the JOURNAL. Truly yours, R. E. HINMAN, M.D.

CHARLOTTE, N. C.

Combined Chloroform and Cocaine Anæsthesia.

IN the *Lancet* of August 4th there is an "annotation" under the above heading, giving the experience of Professor Obalinski of Cracow, as to its use, and his method of employing it.

"In the London Homœopathic Hospital, and the Buchanan Cottage Hospital, St. Leonard's, I have for the last year or two increasingly used *cocaine* as a local anæsthetic in minor operations, such as the removal of sebaceous tumors, adenomata of the breast, and in amputation of the fingers and toes, etc., and have been very satisfied with the result. In only two cases have I seen any unpleasant effect result from it. There are, however, some patients upon whom the anæsthesia is not sufficiently profound to insure a painless operation. But up to the present I have not been able to discover any peculiarity which would enable me to say beforehand whether the *cocaine* will produce a total or only a partial anæsthesia. There is a difficulty in performing operations upon children, such as circumcision, under *cocaine* anæsthesia alone, inasmuch as they are not old enough to understand what is going to take place, and their fear renders it impossible to

keep them quiet. We have therefore for some time now proceeded in these and other operations very much in the same manner as that suggested by Professor Obalinski. *Chloroform* is administered on a Skinner's inhaler till the patient becomes drowsy and habitually unconscious; then ten to twenty minims of a four per cent. solution of *cocaine* are injected, in quantities of four to five minims, around the part to be operated upon. No more *chloroform*, as a rule, is needed after the injection. There is no sickness, consciousness is rarely entirely lost, and recovery from the effect of the combined anæsthesia is rapid."

Professor Obalinski's experience leads him to recommend the combined method for extensive operations.—*Dr. C. K. Shaw, in Homœopathic Review.*

College Notes.

PROFESSOR MOFFAT is the happy father of a bouncing baby boy.

DID the phrase "boneing" originate with students of anatomy?

C. T. BURTIS, '88, L. F. Wood, '79, E. S. Vail, '82, and J. F. Danter, '66, made short calls at the College lately.

ONE of the members of '91 had not been here a week before he bought him a silk hat. Truly the City is a great educator.

DR. S. H. KNIGHT, '86, has been appointed Surgeon to the new "Grace Hospital," at Detroit, Mich., and E. M. Hatch, '88, Assistant-Surgeon.

QUIZ in Toxicology: "Next, mention a neurotic poison."

Ly-n (anxiously): "Nicotine."

Professor: "What is nicotine?"

Ly-n: "Why—er—*smoke.*"

(Large and enthusiastic applause by Professor and class.)

AT the last meeting of the Society for Medico-Scientific Investigation the following officers were elected: Charles Deady, '76, President; C. W. Cornell, '77, Vice-President; W. U. Reynolds, '86, Secretary, and C. S. Macy, '81, Treasurer. Executive Committee: S. H. Vehslage, '79; W. W. Blackman, '77, and E. J. Pratt, '81.

WE venture to say that had we followed the suggestions of the Professors, to "read up" in their departments a "little" during the Thanksgiving recess, our vacation would have been a failure, for each chair "hoped" we would do a little study, in his subject and their aggregated hopes would have made a busy holiday indeed.

REPORT of the N. Y. Ophthalmic Hospital for November, 1888:

New cases—Eye	715
" " —Ear	165
" " —Throat	197
Total	1,077
Maximum attendance in one day	325
Average attendance	191
Total number of prescriptions	4,573

THE new Homœopathic Hospital at Detroit, Mich., the munificent gift of Mr. James McMillan and Mr. John S. Newberry, is completed and will be opened for the reception of patients in a few days. It will be known as the *Grace Hospital*, after the deceased daughter of Mr. McMillan. There is an endowment fund of $100,000. The building has all the most approved conveniences and comforts of modern hospitals.

THE College of the Ophthalmic Hospital is as usual well attended. Nine gentlemen are at present taking Lectures, and are in hopes of obtaining the degree of O. et A. Chir. We append their names: J. H. McClellan, '77; F. G. Ritchie, '82; Geo. W. McDowell, '86; W. W. Speakman, Hahnemann Med. College, Philadelphia, '87; F. L. Clark, Boston University, School of Medicine, '88; E. T. St. John, Boston University, School of Medicine, '88; H. K. Hoy, Hahnemann Medical College of Philadelphia, '81; H. F. Fisher, Hahnemann Medical College of Chicago, '84; C. S. Durand, Homœopathic Medical College of Missouri, '87.

REMOVALS.—Prof. W. T. Helmuth has removed to 180 West Fifty-ninth Street, G. T. Hawley, '86, has located at Corning, N. Y.

F. H. MUNROE, '86, has settled at Meriden, Conn.; C. Schumann, '87, at Delhi, N. Y.; C. E. Putnam, '86, at Canajoharie, N. Y.; J. J. Russell, '87, at Putnam, Conn.; P. G. Smoot, '86, at Flemingsburg, Ky.; J. O. Chase, '87, at 304 West Fifty-first Street; C. L. Dyer, '85, at Baltimore, Md.; R. P. Fay, '87, at Yonkers, N. Y.; W. B. Garside, '68, at Jacksonville, Fla.; J. W. Gill, '87, at College Point, N. Y.; S. Jacobus, '87, at Millbrook, N. Y.

A PHYSICIANS' Protective Alliance has been formed in Brooklyn, N. Y., composed of members of the allopathic and homœopathic schools. The officers are A. J. C. Skene, M.D., President; H. M. Lewis, M.D., Vice-President; E. A. Day, Secretary; G. R. Fowler, Treasurer. Governors: G. W. Baker, M.D.; J. T. Conkling, M.D.; E. Hasbrouck, M.D.; C. Jewett, M.D.; H. M. Smith, M.D.; Wm. Wallace, M.D.; and E. J. Whitney, M.D. Drs. Lewis, Hasbrouck, Smith and Whitney are homœopathic physicians.

APPOINTMENT.—The position of Attending Surgeon at the Laura Franklin Hospital, left vacant by the resignation of Dr. F. S. Fulton, has been filled by the appointment of Dr. Wm. Tod Helmuth, Jr., to the place. Dr. Fulton's resignation, caused by continued ill-health, was reluctantly accepted. He was deeply interested in the Hospital and gave it faithful and untiring service. His courtesy was unfailing, and he takes with him the best wishes of his colleagues and their earnest desire that he may speedily return to his former health. Dr. Helmuth, Jr., the new surgeon, has had an excellent training in surgery, is now House Surgeon at the Helmuth House, and will doubtless prove an acquisition to the Hospital. *N. A. Journal of Homœopathy.*

Christmas.

THE intensity of modern life and the deepening of consciousness through intelligence breed sadness. We think too much and work too hard to have time for enjoyment, and if we suddenly discover that we have need of it, we take it in inordinate quantities, rather than in simple and natural ways; we go out and buy pleasure at so much the hour instead of somehow contriving to live a mirthful life. Close observers of modern society, like Walter Besant, have discovered that a main lack in the lives of the poor is that of cheer, and he urges that philanthropic plans should embrace measures for daily brightening the lives of the people by some simple experience of pleasurable sort. It would be a somber fact if the number of those who live through a day without a laugh or even a smile could be ascertained—a strange miscarriage of Nature, since man is the only being within her dominion who is capable of that action. Christmas has rendered the world this good service, that now for many centuries it has called men to sympathetic cheerfulness. It comes, indeed, but once a year, but for some days the cloud on the brow of humanity lifts a little and the wail dies out of its voice. At times it has been too obstreperous in its mirth and called for Puritanic check, but for the most it has been true to its origin and stirred the human heart to sympathetic gladness and hope. We shall soon hear the growls of the pessimistic critic over the wastefulness of Christmas gifts and the irrationality of Christmas mirth. Heed him not: he does not know that the key-note of the universe is joy, and that Christmas laughter is only a stray echo of an eternal hymn, and nearly the only one that has reached us, and that it is well worthy of being caught if we would ever hear the whole. Therefore, fathers, give gifts to your children, even if you have to lessen the daily portion, remembering the wisdom of Mahomet, who said, that if "he had two loaves of bread, he would sell one and buy hyacinths, for they would feed his soul." And ye children, stir up your fathers to mirth; Christmas comes but once a year, and the years left to them may not be many.—*The Century for December.*

DR. J. R. HORNER, '84, Allegheny City, Pa., has been appointed Necrologist to the Homœopathic Medical Society of Pennsylvania.

DR. H. A. WHITMARSH, '79, has been appointed visiting surgeon to the Rhode Island Homœopathic Hospital at Providence, R. I.